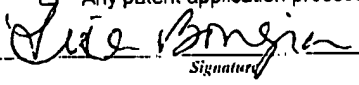


CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No.
Applicant(s): COLIN JOHN TAYLOR			MAR-0010
Serial No. 09/989,609	Filing Date 11/20/01	Examiner K. Jakel	Group Art Unit 3643
Invention: WATER FEATURES			
<p>I hereby certify that this <u>AMENDMENT</u> (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>1-703-305-3597</u>)</p> <p>on <u>JANUARY 9, 2003</u> (Date)</p> <p><u>NIDIA M. DERAS</u> (Typed or Printed Name of Person Signing Certificate)</p> <p><u>Nidia M. Deras</u> (Signature)</p>			
<p>Note: Each paper must have its own certificate of mailing.</p> <p>FAX RECEIVED JAN 09 2003 GROUP 3600</p> <p>OFFICIAL</p>			

AMENDMENT TRANSMITTAL LETTER (Small Entity)				Docket No. MAR-0010	
Applicant(s): COLIN JOHN TAYLOR					
Serial No. 09/989,609	Filing Date 11/20/01	Examiner K. Jakel	Group Art Unit 3643		
Invention: WATER FEATURES					
TO THE ASSISTANT COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
<input type="checkbox"/> Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.					
<input type="checkbox"/> A verified statement to establish Small Entity status under 37 FR 1.27 is enclosed.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	23 -	24 =	0 x	\$9.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0 x	\$42.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____					
A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 06-1130					
A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
<input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Signature				Dated: JANUARY 9, 2003	
LISA A. BONGIOVI REGISTRATION 48,933 CUSTOMER NO. 23413 (860) 286-2929				<div>I certify that this document and fee is being deposited on 1/9/03 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.</div> <div>Signature of Person Mailing Correspondence</div> <div>VIA FACSIMILE</div> <div>Typed or Printed Name of Person Mailing Correspondence</div>	
<div style="text-align: center;">FAX RECEIVED JAN 09 2003 OFFICIAL GROUP 3600</div>					
CC:					

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: COLIN JOHN TAYLOR

SERIAL NUMBER: 09/989,609

FILED: November 20, 2001

FOR: WATER FEATURES

) Group Art Unit:
) 3643) Before the Examiner:
) K. JakelThe Commissioner of Patents and Trademarks
Washington, D.C. 20231AMENDMENT

Dear Sirs:

In response to the Office Action mailed October 16, 2002, Applicant requests reconsideration in the view of the following amendment and remarks for entry in the above-identified application.